

**LOCAL 743 EQUITY/MARKET ADJUSTMENT REQUEST FORM**

Name of Incumbent:\* \_\_\_\_\_ Employee ID: \_\_\_\_\_

L743 Position Title: \_\_\_\_\_ Job Code: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_

Current Rate: \_\_\_\_\_ Requested Rate: \_\_\_\_\_

**REASON FOR REQUEST:**

- To attract or retain qualified applicants
- Departmental Equity/Compression Adjustment

**SUPPORTING DOCUMENTATION ATTACHED:** (Please check documentation attached)

- A memo detailing the reason(s) for the request **(Required)**
- Comparison of incumbent's salary with others in similar positions within the same department
- Any documentation that will enhance and strengthen the request
- Job description of incumbent and others
- Resume of incumbent and others used as comparison

|  |       |
|--|-------|
| Department Head/Supervisor Signature   | Date: |
| Dean/ Administrative Officer Signature | Date: |

**UHRM Received by:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_

**\*Submit this form for each employee request.**